ISSUE Si ___ ____PLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EAH		04-06-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.B	JC 895	08-09-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
	26	
	27	
	28	
	29	
	30	
	31	
	32	
	33	
	34	
	35	
	36	
	37	
	38	
	39	
	40	
	41	
	42	
	43	
	44	
	45	
	46	
	47	
	48	
	49	
	50	

Claim Final	Original	Date
	51	
	52	
	53	
	54	
	55	
	56	
	57	
	58	✓
	59	✓
	60	✓
	61	✓
	62	✓
	63	✓
	64	✓
	65	✓
	66	✓
	67	✓
	68	✓
	69	
	70	
	71	
	72	
	73	
	74	
	75	
	76	
	77	
	78	
	79	
	80	
	81	
	82	
	83	
	84	
	85	
	86	
	87	
	88	
	89	
	90	
	91	
	92	
	93	
	94	
	95	
	96	
	97	
	98	
	99	
	100	

Claim Final	Original	Date
	101	
	102	
	103	
	104	
	105	
	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	
	116	
	117	
	118	
	119	
	120	
	121	
	122	
	123	
	124	
	125	
	126	
	127	
	128	
	129	
	130	
	131	
	132	
	133	
	134	
	135	
	136	
	137	
	138	
	139	
	140	
	141	
	142	
	143	
	144	
	145	
	146	
	147	
	148	
	149	
	150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)